

N95000005950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

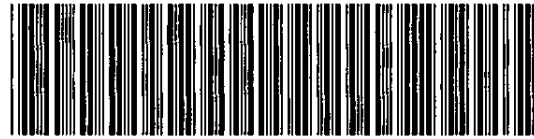
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV 26 AM 8:57

RA/RO/CHS  
10 11/28/12

LAW OFFICE OF  
**SHEREE H. LANCASTER, P.A.**

109 EAST WADE STREET  
POST OFFICE BOX 1000  
TRENTON, FLORIDA 32693

PHONE: (352) 463-1000  
FAX: (352) 463-2939

November 20, 2012

Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: THE HENRY AND RILLA WHITE FOUNDATION, INC.

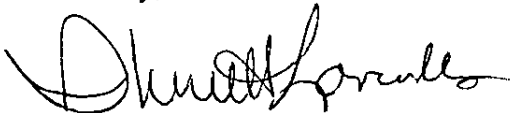
Greetings:

In connection with the above referenced, enclosed please find the following:

1. Statement of Change of Registered Office or Registered Agent or Both for Corporations.
2. My client's check number 057312 in the amount of \$35.00 for the fee.

Thank you for your attention in this matter.

Sincerely,



Sheree H. Lancaster

SHL/sdh

Enclosures

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE HENRY AND RILLA WHITE FOUNDATION, INC.
2. The principal office address: 3159 Mulberry Pk Ct  
Tallahassee, FL 32311 US
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/19/1995 Document number: N95000005956
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LANCASTER, SHEREE H.

109 East Wade Street

Trenton, FL 32693 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ASHLEY C. NEVELS

2833 Remington Green Circle

P.O. Box NOT acceptable

Tallahassee, FL 32308

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of an officer or director

WILLIAM R. SCHOSSLER, PC

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

*Ashley C. Nevels*  
Signature of Registered Agent

11-19-12  
Date

If signing on behalf of agent entity

*William Schossler*

Typed or Printed Name

William Schossler \*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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